

EMPLOYER’S AND SECURITY DATABASE FORM

BUSINESS INFORMATION

Primary Business Name:

(Name the Public Knows Your Business By)

Secondary Business Name:

(e.g. Firm, Practice, Franchisee, Conglomerate or d/b/a)

Illinois Business Taxpayer #:

(**NOT** FEIN-Federal Employer's Identification No.)

Detailed Business Description

SIC Code:

(US Dept. of Labor Standard Industrial Classification Code)

Physical Address:

Home Based: ☐ yes ☐ no

Mailing Address:

Business Telephone:

Business Fax:

Contact Person/Title:

(Owner, President, Vice-President, or Manager)

Contact Person’s E-Mail:

Number of Employees:

_____ Full Time

_____ Part Time

Opening Date or Expected Opening Date:

Business Square Footage:

(Of Your Store, Office Suite, or Building)

Distribution:

(Local, Regional, National, or International)

Union Workforce:

☐ yes ☐ no

Property Owner Name:

Property Owner Address:

Property Owner Telephone:

WEBSITE INFORMATION

1.

Do you want your business name, address, and telephone listed free of charge in the EDD Business Listing of the City’s web site?
☐ Yes ☐ No ☐ (**No Response Will Default to “Yes”**)
2.

If you have a business website, what is the domain/URL address? _____
3.

Are you interested in linking your business website to the City’s EDD Business Listing for a one-time \$25.00 fee?
☐ Yes ☐ No ☐ (**No Response Will Default to “No”**)
4.

If you answered “Yes” to the item 3, you may include a check for \$25.00 payable to the City of St. Charles when you return this form. You will then be contacted by the City Administrator’s Office who will process the link for you.

FIRE AND POLICE SECURITY INFORMATION

Police Alarm System Ordinance:

A Police Alarm System ordinance has been in effect since February 19, 1996. The ordinance requires **all** current security alarm users to obtain an Alarm User’s Permit or be subject to a \$300.00 fine. **Do you have a current Alarm User’s Permit?** If you don’t, permit applications can be obtained at the Police Department or you can call the Police Records Department at (630) 377-4435 to request a permit application be faxed or mailed to you. (This does not apply to fire alarm systems.)

The accuracy of your business’ security information enables your Police and Fire Departments to effectively protect your business. Thank you for your cooperation.

Alarm Information:

Is the building alarmed for **Fire**?

☐ Yes ☐ No

Is the building alarmed for **Intrusion**?

☐ Yes ☐ No

Is the building alarmed for **Hold-Up**?

☐ Yes ☐ No

Fire Alarm Hookup To:

☐ Tricom

☐ Private Company – Name: _____

Intrusion/Hold-Up Alarm Hookup To:

☐ Audible Only

☐ Tricom

☐ Private Company - Name: _____

Emergency Contact Information (home and/or mobile numbers please as this information is used by emergency personnel to contact you in the event of an emergency situation (theft, fire, etc/) that occurred at your business, primarily after normal business hours). Please provide 3 names & numbers in order of contact preference.

Name:

Phone: ()

Name:

Phone: ()

Name:

Phone: ()

PLEASE RETURN YOUR COMPLETED FORM TO:
City of St. Charles, Economic Development Dept.
2 East Main Street, St. Charles, IL 60174
Phone: (630) 443-4093 Fax: (630) 377-4062